

INTERIM ASSISTANCE REIMBURSEMENT  
(Notice of Apportionment)

IM-3110.1  
Rev. 1-89

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
City, State. Zip Code

A check has been received from the Social Security Administration representing your retroactive and initial or reinstated benefits from the Supplemental Security Income (SSI) program.

In accordance with the Interim Assistance Reimbursement Authorization, Form IM-3110 or IM-3110.2, the check has been apportioned in the following manner:

1. Amount of SSI check No. \_\_\_\_\_ dated \_\_\_\_\_ ..... \$ \_\_\_\_\_
2. Amount of interim assistance furnished you beginning from the day  
of the month you were eligible for SSI..... \$ \_\_\_\_\_
- Number of individuals in assistance plan \_\_\_\_\_

Date	Total Amount of GA Provided	Amount of GA Provided to SSI Eligible Individual
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Information provided by: \_\_\_\_\_ Date \_\_\_\_\_

Information received by: \_\_\_\_\_ Date \_\_\_\_\_

3. Amount of the SSI check retained by Social and Rehabilitation  
Services ..... \$ \_\_\_\_\_
4. Net benefit being paid to you..... \$ \_\_\_\_\_
5. Other:

If you disagree with this computation, you have the right to request a fair hearing within thirty (30) days of the date of this notice. To request a fair hearing, you should contact the local SRS office.

\_\_\_\_\_  
Authorized Signature Date

Distribution: Original, Client; Copy, Local SRS Office Case File;  
Copy, SRS Central Office.

This form supersedes form PA-3110.1, 7-81.

